Moorpark College

Paramedic Studies (Certificate of Achievement)
Health Sciences Department
7075 Campus Road
Moorpark, CA 93021
tel: (805)378-1433
mcems@vcccd.edu

PARAMEDIC STUDIES APPLICATION

Please check the program you are applying for: Fall ☐ Spring ☐ Year _____

Please submit typed applications to **mcems@vcccd.edu**. Late or handwritten applications will not be accepted.

Personal Information

VCCCD Student ID Number: _____

Legal Last Name	Legal First Name	Legal Middle Name	Previous Last Name(s)

Home Address:_____Phone: _____

City:_____State:_____Zip Code: _____

Email: _____Date of Birth: _____

CA EMT License#: _____Expiration Date: _____CA Driver's License #: _____Class: _____

General Information

If you are presently employed, may we contact your employer for a reference?   ☐ Yes   ☐ No

If no, please explain: _____

_____

_____

_____

Have you ever been discharged from a job?   ☐ Yes   ☐ No

If yes, please explain: _____

_____

_____

_____

How did you hear about this program: ☐ Friend/Relative ☐ Ad ☐ VCCCD Rep. ☐ Other _____

To accurately determine institutional compliance with Federal Rights Act of 1964, the Department of Health Education and Welfare requires Moorpark College to collect the following data: (Please select one)

☐ American Indian or Alaskan Native ☐ Filipino
☐ Asian ☐ Pacific Islander
☐ Black (not of Hispanic origin) ☐ Other
☐ White (not of Hispanic origin) ☐ Decline to state
☐ Hispanic

Gender: ☐ Female ☐ Male

Medical Experience

☐ Medical Military Experience   Number of Years: __
☐ EMT-1 (Attach Documentation)   Number of Years: __
☐ R.N./L.V.N   Number of Years: __
☐ Other   Specify: __

Applicants must answer the following. Attach additional documentation as needed:

Have you previously attended a Paramedic Program?   ☐ Yes ☐ No

If yes, please explain: _____

_____

_____

Have you ever had a professional license or certification of any kind revoked or rescinded? ☐ Yes   ☐ No

If yes, please explain: _____

_____

_____

Have you ever been, or are you currently the subject of a pre-hospital certification disciplinary proceeding or adverse action?   ☐ Yes ☐ No

If yes, please explain: _____

_____

_____

Have you ever been arrested and/or convicted of a crime?   ☐ Yes ☐ No

If yes, please explain: _____

_____

_____

Education

Have you taken a Paramedic Preparation Course?
If so, where and when?

☐ Yes   ☐ No

List all schools attended, including all colleges and/or universities, beginning with high school

High School:		Address:	
From:	To:	Did you graduate: ☐ Yes ☐ No	Diploma Earned: ☐ Yes ☐ No
			GED Earned: ☐ Yes ☐ No
College:		Address:	
From:	To:	Did you graduate: ☐ Yes ☐ No	Degree Earned:
College:		Address:	
From:	To:	Did you graduate: ☐ Yes ☐ No	Degree Earned:
Other:		Address:	
From:	To:	Did you graduate: ☐ Yes ☐ No	Degree Earned:

Employment History

**This section <u>must</u> be completed to be eligible for consideration into the Moorpark College Paramedic Studies Program. Beginning with your most recent employer or service, include all employment, military service, and volunteer work, since completing high school. Attach additional pages as needed.

Company:	Phone:
Address:	Supervisor:
Job Title:	
Responsibilities:	
From: To: Reason for Leaving:	
May we contact your previous Supervisor for a reference? ☐ Yes ☐ No	

Company:	Phone:
Address:	Supervisor:
Job Title:	
Responsibilities:	
From: To: Reason for Leaving:	
May we contact your previous Supervisor for a reference? ☐ Yes ☐ No	

Company:		Phone:
Address:		Supervisor:
Job Title:		
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous Supervisor for a reference? ☐ Yes ☐ No		

Company:		Phone:
Address:		Supervisor:
Job Title:		
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous Supervisor for a reference? ☐ Yes ☐ No		

Please submit copies of the following with your application:

1. Current Basic Life Support course completion card from the American Heart Association (AHA), the American Red Cross (ARC), or a third-party provider. (The course completion card must reference the Basic Life Support course content, in accordance with ECC Guidelines. ANY other course completion card will not be accepted)

2. Copy of applicant's current EMT Certification. (i.e., NREMT Certification, California EMT Certification, etc.)
   **If the EMT Certification expires while enrolled in or prior to the Paramedic Program, students will be ineligible to complete the Paramedic Program, and dropped for failure to remain compliant with the regulatory standards.

3. Copy of the applicant's valid California driver's License.

4. Copy of the applicant's DD-214 form, if applicable.

5. Copy of applicant's official high school transcripts or proof of successful completion of the GED. (mcems@vcccd.edu)

6. Copy of applicant's official transcripts from all attended colleges and/or universities, with dates of conferred degrees if applicable. (mcems@vcccd.edu)

7. Copies of applicant's COVID vaccination records. (Medical and Religious waivers or exemption will not be accepted.)

8. Three (3) separate letters of reference in support of the applicant's eligibility for enrollment. (A personal reference, a professional reference, and an academic or school-based reference)

9. An essay of 500 to 750 words, describing your experiences, values, motivations, knowledge, skills, and abilities which make you the most suitable candidate for the Moorpark College Paramedic Program. (Double spaced, 12 font)

10. (OPTIONAL) Letter from your employer, verifying the total number of completed hours and nature of your work as an EMT. Must be on official agency or organization letterhead, as well as the physical signature of an immediate supervisor.

I hereby certify that all statements made within this application are true and correct to the best of my knowledge. I understand, agree and accept that any falsification by act or omission, or intentional attempt to deceive, will disqualify me from consideration for acceptance into the Moorpark College Paramedic Studies Program, for this semester and all future semesters.

I authorize Moorpark College and their representatives to verify the statements and information within this application.

Student Signature: _____ **Date:** _____
SPRING 2023

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